

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037915

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9714

FILED OCT 1 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Length of stay in 1b

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

LEMAY 25

d. STREET ADDRESS

229 E. RIPA

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

KELLY

ROBERT

PENDERGRASS

4. DATE OF DEATH

Month

Day

Year

SEPT

28

1963

5. SEX

MALE

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-28-63

9. AGE (last birthday)

NONE

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

11 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY

UNITED STATES

13a. FATHER'S NAME

JOHN PAUL PENDERGRASS

13b. MOTHER'S MAIDEN NAME

RUTH MILDRED CUMMINS

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

John Pendergrass 229 E. Ripa, Lemay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cystic Hygroma of the Neck

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

228X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9-28-63

to

9-28-63

and last saw her

him

alive on

9-28-63

Death occurred at

9: P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert A. Brennan M.D.

22b. ADDRESS

3654 South Grand

22c. DATE SIGNED

9-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Oct. 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. Hoffmeister Mortuaries

25. DATE RECD. BY LOCAL REG.

SEP. 30 1963

26. REGISTRAR'S SIGNATURE

Robert Smith M.D.

7814 So. Broadway St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300

Rev. 4/59

1

2+000

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12 73-0

13

73

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

Not embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Linus C. Hoffmann

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.